

BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER

Central Office
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Eastern Division
1115 West 17th Street
Tulsa, Oklahoma 74107
(918) 295-3400 Phone - (918) 585-1549 Fax

OFFICE USE ONLY

Re _____ Co _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) JUSTIN DOUGLAS SNELSON	Age 54	Birth Date 11/8/1963	Race AmINDIAN	Sex M
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HOME ADDRESS - No. - Street, City, State
12849 HOOVER ROAD, BEGGS, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) SHERIFF EDDIE RICE, OKMULGEE COUNTY SHERIFF'S OFFICE	DATE 9/29/2018	TIME 22:50
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INJURED OR BECAME ILL AT (ADDRESS) 35.6324 -95.9834	CITY OKMULGEE	COUNTY OKMULGEE	TYPE OF PREMISES VACANT LOT	DATE 9/29/2018	TIME 21:10
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LOCATION OF DEATH 35.6324 -95.9834	CITY OKMULGEE	COUNTY OKMULGEE	TYPE OF PREMISES VACANT LOT	DATE 9/29/2018	TIME 21:14
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BODY VIEWED BY MEDICAL EXAMINER 1115 WEST 17TH STREET	CITY TULSA	COUNTY TULSA	TYPE OF PREMISES AUTOPSY SUITE	DATE 9/30/2018	TIME 8:20
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IF MOTOR VEHICLE ACCIDENT: ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

TYPE OF VEHICLE: ☐ AUTOMOBILE ☐ LIGHT TRUCK ☐ HEAVY TRUCK ☐ BICYCLE ☐ MOTORCYCLE ☐ OTHER: _____

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION		NOSE	MOUTH	EARS
EXTERNAL PHYSICAL EXAMINATION	Jaw <input checked="" type="checkbox"/> Complete <input checked="" type="checkbox"/>	Color PURPLE	Beard YES	Hair DRK BRN/BL	BLOOD <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Neck <input checked="" type="checkbox"/> Absent <input type="checkbox"/>	Lateral <input type="checkbox"/>	Eyes: Color BROWN	Mustache YES	OTHER <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Arms <input checked="" type="checkbox"/> Passing <input type="checkbox"/>	Posterior <input checked="" type="checkbox"/>	Opacities MILD TACHE NOIR		BROWN EMESIS		
	Legs <input checked="" type="checkbox"/> Passed <input type="checkbox"/>	Anterior <input type="checkbox"/>	Pupils: R _____ L _____				
	Decomposed <input type="checkbox"/>	Regional _____	Body Length 70 IN	Body Weight 226 LBS			

Significant observations and injury documentations - (Please use space below)

The decedent was a 54-year-old male with a gunshot wound of the neck, a gunshot wound of the left chest, minor blunt force injuries, atherosclerotic cardiovascular disease, and toxicology results that are positive for methamphetamine and amphetamine.

Probable Cause of Death:

GUNSHOT WOUNDS OF THE NECK AND TORSO

Manner of Death:

Natural ☐ Accident ☐
Suicide ☐ Homicide ☒
Unknown ☐ Pending ☐
Not Assigned ☐

Case disposition:

Autopsy YES
Authorized by ROSS MILLER MD
Pathologist ROSS MILLER MD
Not a medical examiner case ☐

Other significant conditions contributing to death (but not resulting in the underlying cause given)

MEDICAL EXAMINER:

Name, Address and Telephone No.

ROSS MILLER MD

1115 W. 17th

TULSA, OK 74107

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.



Signature of Medical Examiner

ROSS MILLER MD

Computer generated report

9/30/2018

Date Case Initiated

Date Case Finalize



Board of Medicolegal Investigations
Office of the Chief Medical Examiner
1115 West 17th Street
Tulsa, Oklahoma 74107
(918) 295-3400 Phone
(918) 585-1549 Fax

CERTIFICATION

I hereby certify that this document is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By _____

Date _____

REPORT OF AUTOPSY

Decedent	Age	Birth Date	Race	Sex	Case No
JUSTIN DOUGLAS SNELSON	54	11/8/1963	AM	M	1804927

ID By
FINGERPRINT COMPARISON

Authority for Autopsy
ROSS MILLER, M.D.

Present at Autopsy
BARBARA BASTIAANSE, GARRETT ROSSER, ROSS MILLER, M.D.

PATHOLOGICAL DIAGNOSIS

I. Gunshot wounds of the neck and torso.

A. Gunshot wound of the neck.

1. Entrance: Irregular ovoid wound of the anterior neck; negative for muzzle imprint, soot, stippling, and gunpowder.
2. Path: Injuries of the right clavicle, right ribs, and right subclavian artery.
3. Projectile: Recovered from the soft tissue of the right lateral back.
4. Course: Left to right, front to back, and downward.

B. Gunshot wound of the left chest.

1. Entrance: Circular wound of the left chest; negative for muzzle imprint, soot, stippling, and gunpowder.
2. Path: Injuries of the left 3rd rib, aorta, pulmonary artery, heart, and right lung.
3. Projectile: Recovered from the soft tissue of the right (middle) back.
4. Course: Front to back, left to right, and downward.

II. Scattered minor abrasions and minor asynchronous contusions, primarily of the extremities.

III. Atherosclerotic cardiovascular disease.

A. Cardiomegaly (470 grams).

B. Proximal left circumflex artery (focal) and middle left anterior descending coronary artery (focal) are both up to 50% narrowed by atheroma.

IV. Toxicological analyses are positive for methamphetamine and amphetamine (see toxicology report).

CAUSE OF DEATH: GUNSHOT WOUNDS OF THE NECK AND TORSO

MANNER OF DEATH: HOMICIDE

The facts stated herein are true and correct to the best of my knowledge and belief.

OCME Eastern Division

9/30/2018 8:20 AM

ROSS MILLER, MD

Pathologist

Location of Autopsy

Date and Time of Autopsy

MEDICOLEGAL INVESTIGATION

- I. Circumstances of Death:** According to Investigator reports, the decedent was a 54-year-old American Indian male who was the driver of a motorcycle involved in a pursuit with law enforcement. At some point during a subsequent foot pursuit, he reportedly pulled a knife and advanced toward law enforcement before being shot. Despite cardiopulmonary resuscitation efforts, he was pronounced deceased at the scene.
- II. Authorization:** The postmortem examination is performed under the authorization of the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma.
- III. Identification:** The body is scientifically identified through fingerprint comparison. Digital photographs and radiographs of the deceased are taken.

POSTMORTEM EXAMINATION

- I. Circumstances of Examination:** The postmortem examination of Justin Douglas Snelson is performed at the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma, on 09/30/2018 commencing at 08:20 hours. Assisting in the examination are Barbara Bastiaanse and Garret Rosser.
- II. Clothing and Personal Effects:** The body is received clad in a black leather vest, black jacket/sweater, black shirt, brown belt, brown/tan denim pants, red underwear, white socks, brown boots, and accompanied by: A State of Oklahoma driver's license, \$24.63 in US currency (one \$20 bill, three \$1 bills, and \$1.63 in change), a white metal ring, a white/yellow metal ring with one clear stone, two lighters, four rubber bands, a plastic cap, four hairties, and a bead necklace.

III. External Evidence of Medical Therapy: Evidence of medical intervention includes electrocardiogram (ECG) pads that are present on the torso.

IV. Collections: Blood samples on filter paper, oral swab, rectal swab, bilateral fingernail swabs, bilateral hand bags, scalp hair, facial hair, pubic hair, gloves, pants with belt, boxers, socks, T shirt, jacket, boots, vest, personal property, a projectile from right back, and a projectile from right lateral back are retained and introduced as evidence.

EXTERNAL EXAMINATION

General: The unembalmed, well-preserved body is that of an adult American Indian male that appears the reported age of 54 years. The body is 70 inches in length and weighs 226 pounds (body mass index = 32.4 kg/m²). Rigor mortis has developed and is broken with difficulty. Purple livor mortis which blanches upon manual pressure covers the posterior aspects of the body, except in areas exposed to pressure. The body is cool to touch and has been refrigerated. The body bears numerous tattoos that are documented photographically and on a body diagram.

Head and Neck: *See Evidence of Injury.* The scalp is covered by straight dark brown to black hair that measures up to 16 inches in length over the crown. Arcus senilis is absent. The sclerae are anicteric. The irides are brown. The corneas are translucent. Mild tache noire is present. The conjunctivae are pale pink and free of petechiae. The ears are not unusual. The nares are patent. The oral cavity is free of laceration and contusion. The frenula are intact. The teeth appear natural. Brown emesis is present in the mouth. The face is covered by a mustache and beard. No fracture is palpable in the zygomatic arches. The neck is appropriately mobile, symmetrical, and free of mass and scar.

Torso: *See Evidence of Injury.* The chest and abdomen are free of scar. A horizontally oriented 2 x 1 inch scar and a horizontally oriented 4 x 1/4 inch linear scar are present on the left middle to upper back. The external genitalia are those of a normal adult male and are free of injury.

Arms: *See Evidence of Injury.* No fracture is palpable in the long bones. The arms are free of needle track. Two 1/4 inch scars are present in the area of the right antecubital fossa. A horizontally oriented 1/2 inch linear scar is present on the lateral right upper arm. Scattered linear scars, ranging in measurement from 1/4 – 2 inches in greatest dimension, are present on the posterior right forearm and hand. Scattered linear scars, ranging in measurement from 1/16 – 3 inches in greatest dimension, are present on the posterior and lateral aspects of the left forearm and hand. Bags cover the hands. Five digits are on each hand.

Legs: *See Evidence of Injury.* No fracture is palpable in the long bones. The legs are free of edema. Striae-type scarring is present on the anterior bilateral upper thighs. A vertically oriented 2 1/2 inch linear scar is present on the anterior right thigh. A horizontally oriented 2 1/2 inch linear scar is present on the lateral right thigh. A 1/2 inch linear scar is present on the right knee. A horizontally oriented 2 1/2 inch linear scar is present on the medial right thigh/right knee. Scattered circular scars, ranging in measurement from 1/4 – 3/4 inch in greatest dimension, are present on the anterior right lower leg. A 3 inch linear scar, a 1 inch linear scar, and a 1/2 inch linear scar are present on the anterior left lower leg. Five toes are on each foot. The toenails demonstrate changes of a fungal infection.

EVIDENCE OF INJURY

The body bears two gunshot wounds caused by two projectiles. The gunshot wounds are assigned numbers in the order they are examined and are not meant to indicate the sequence of fire. Similarly, the projectiles are assigned numbers arbitrarily. The 12 o'clock position is superior.

Projectile #1

Entrance: Projectile #1 entered the body at gunshot shot wound #1, an irregular ovoid 1 x 1/2 inch wound of the anterior neck. The entrance wound is centered 10 3/4 inches inferior to the vertex of the head and 3/4 inch right of the anterior midline plane. The projectile entered the body at the right lateral aspect of the wound. The left lateral aspect of the gunshot wound demonstrates more superficial injuries that involve only skin and underlying subcutaneous tissue. Scattered lacerations that measure up to 3/8 inch in greatest dimension extend from the wound edge from the approximate 6 – 9 o'clock position. In the same distribution, a contusion up to 1/2 inch from the wound edge is present. The entrance wound is free of muzzle imprint, soot, stippling, and gunpowder.

Path: The projectile perforated the skin and soft tissue of the anterior neck before perforating into the right upper chest. The projectile perforated the right clavicle, right 1st rib, and right subclavian artery before perforating the soft tissue of the right lateral chest and penetrating into the soft tissue of the right lateral back. The gunshot wound is associated with fractures of the anterolateral right 2nd – 4th ribs. The right pleural cavity contains 340 mL of blood and clot. Hemorrhage and maceration of right chest and right lateral back soft tissue is noted along the gunshot wound path.

Projectile: A moderately to markedly deformed projectile with a gold colored jacket and grey metallic core is recovered from the right lateral back at a position 14 1/2 inches inferior to the vertex of the head and 9 1/2 inches right of the posterior midline plane. The projectile is associated with a 2 x 1 inch overlying purple contusion.

Exit: None.

Course: The course of projectile #1 is primarily left to right with deviation front to back and deviation downward.

Projectile #2

Entrance: Projectile #2 entered the body at gunshot wound #2, a circular 1/4 x 1/4 inch wound of the left chest. The entrance wound is centered 13 3/4 inches inferior to the vertex of the head and 2 inches left of the anterior midline plane. The wound is encircled by an abrasion up to 1/16 inch from the wound edge. The wound is also encircled by a purple ecchymotic contusion that measures up to 1/8 inch from the wound edge. The entrance wound is free of muzzle imprint, soot, stippling, and gunpowder.

Path: The projectile perforated the skin and soft tissue of the left chest before perforating the anterior left 3rd rib. The projectile perforated the mediastinum and pericardium with resultant injuries of the aortic arch, aortic valve, left ventricular outflow tract (heart), left atrium (heart), main pulmonary artery, and pulmonary valve before perforating the right lower lung lobe. The projectile perforated the posterior right 7th intercostal space before penetrating into the soft tissue of the right middle back. The gunshot wound is associated with blood in the mouth. The right upper lung lobe and right middle lung lobe are contused. The posterior right 8th rib is fractured. The left pleural cavity contains 1300 mL of blood and clot. As previously mentioned, the right pleural cavity contains 340 mL of blood and clot.

Projectile: A moderately deformed projectile with a gold colored jacket, grey metallic core, and rifling visible at the base is recovered from the right (middle) back at a location 15 1/2 inches inferior to the vertex of the head and 4 inches right of the posterior midline plane. It is associated with a 1 inch overlying purple contusion.

Exit: None.

Course: The course of projectile #1 is primarily front to back with deviation left to right and deviation downward.

OTHER INJURIES

Head and Neck: A 2 x 1/2 inch faint red abrasion is present on the central forehead. A vertically oriented 1/2 inch red abrasion is present on the right cheek.

Torso: A 1/4 inch yellow contusion is present on the left abdomen. A 1 inch yellow contusion is present on the right lower abdomen. A 1/2 inch yellow contusion is present on the left lower abdomen.

Arms: A 1 inch purple contusion and a 2 inch yellow contusion are present on the medial right upper arm. A 2 x 1 inch purple and yellow contused area is present on the lateral right upper arm. Trivial red abrasions are present on the posterior right forearm and hands. A 1 inch purple contusion is present on the lateral left upper arm. Two 1/2 inch red abrasions are present on the lateral left elbow.

Legs: A cluster of purple and yellow contusions, ranging in measurement from 1/4 – 1 inch in greatest dimension, is present on the anterior right thigh. A 1/8 inch red abrasion is present on the anterior right lower leg. Two 1/4 inch red abrasions are present on the posterior right lower leg. A cluster of 1/4 inch yellow contusions is also present on the posterior right lower leg. A 1 inch faint purple contusion is present on the medial left knee.

INTERNAL EXAMINATION

Body Cavities: *See Evidence of Injury.* The body is opened with the usual Y-shaped thoracoabdominal incision. The mesothelial surfaces are smooth, glistening, and free of mass and adhesion. The peritoneal cavity is free of excess fluid. All body organs are present and in their usual anatomic location.

Cardiovascular System: *See Evidence of Injury.* The pericardial surfaces are smooth and glistening. The anatomy of the heart and associated vasculature is normal. The pulmonary artery is opened in-situ and is free of thrombo-emboli. The coronary arteries arise normally and follow their usual courses. A focal aspect of the middle left anterior descending coronary artery is 25 – 50% narrowed by atheroma. Wall calcifications are palpable within the left anterior descending coronary artery. A focal aspect of the proximal left circumflex coronary artery is 25 – 50% narrowed by atheroma. The remaining vessels are free of significant atheroma. Serial sections of the 470 gram heart reveal maroon myocardium that is free of softening, discoloration, and scar. The left ventricular free wall and interventricular septum are of similar thickness (1.3 – 1.4 cm). The chambers are not dilated. The septae are intact and free of defect. The endocardial surfaces of the heart are thin, smooth, and free of mural thrombi. The valves are thin and pliant. The aorta demonstrates a mild amount of atheroma.

Pulmonary System: *See Evidence of Injury.* The right lung weighs 410 grams and the left lung weighs 330 grams. Each lung is composed of spongy brown to tan tissue that is free of mass, consolidation, thromboemboli, and emphysema. Anthracosis is present. The trachea and bronchi are patent. The tracheal mucosa is smooth and pale pink.

Liver and Pancreas: The 1690 gram liver has an intact capsule and is composed of brown tissue free of mass and scar. The gallbladder wall is thin, pliant, and free of mass. The gallbladder contains no stones. The pancreas is composed of lobular tan tissue free of cyst, mass, scar, and hemorrhage.

Reticuloendothelial System: The 130 gram spleen has a smooth, intact capsule. The spleen is composed of red and white pulp free of mass and infarct. The regional lymph nodes are not enlarged. The thyroid is composed of maroon tissue free of cyst, mass, and scar. The adrenal glands are composed of yellow cortices and brown medullae and are free of mass.

Gastrointestinal Tract: The esophageal mucosa is smooth and white. Within the stomach is 900 mL of brown partially digested food. The stomach and duodenum are free of mass and ulcer. No mass is palpable within the small or large intestine. The appendix is present. The colon contains formed stool.

Genitourinary System: The right kidney weighs 210 grams and the left kidney weighs 210 grams. Each kidney is composed of a maroon cortex and maroon pyramids free of cyst, mass, scar, hemorrhage, abscess, and stone. The ureters are not dilated. The bladder mucosa is smooth and cream-colored. The bladder is empty. The prostate is not enlarged. The testes are unremarkable.

Musculoskeletal System: *See Evidence of Injury.* Apart from previously described changes, the boney framework, supporting musculature, and soft tissues are not unusual. The cervical spinal column is stable on internal palpation.

Neck Organs: *See Evidence of Injury.* The tongue is free of laceration or contusion. The pharynx is not obstructed. The large vessels of the neck reveal no abnormalities. The thyroid cartilage and hyoid bone are free of fracture. The laryngeal mucosa is smooth and pale pink.

Head and Central Nervous System: The reflected scalp is free of contusion. The calvarium is free of fracture. No thrombus is in the dural sinuses. The meninges are smooth, glistening, and free of mass. No blood is in the epidural, subdural, or subarachnoid space. The hemispheres are symmetric. The 1570 gram brain is free of tonsillar, uncal, and cingulate gyrus herniation. The vessels at the base of the brain are intact and free of dilatation and atheroma. The cerebral hemispheres, midbrain, pons, cerebellum, and medulla are free of cystic scar, hemorrhage, and mass. The distribution of the grey and white matter is normal. The ventricles are not enlarged and contain no blood. The spinal cord is not examined.

TOXICOLOGY

See attached report.

MICROSCOPIC EXAMINATION

Microscopic examination was not performed. Representative samples of tissue have been fixed in formalin for further examination, if necessary.

CASE SUMMARY

In my opinion, based on the circumstances surrounding death and the findings at autopsy, that Mr. Justin Douglas Snelson died as a result of gunshot wounds of the neck and torso.

The manner of death is homicide.

The opinion as the cause and manner of death is based on the information available at the date of this report. If additional objective, probative information becomes available, I reserve the right to consider such information, and if appropriate, amend the report, including the cause and manner of death.



ROSS MILLER, MD

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

921 N.E. 23rd St
Oklahoma City, OK 73105

REPORT OF LABORATORY ANALYSIS

OFFICE USE ONLY

Re. _____ Co. _____

I hereby certify that this is a true
and correct copy of the original
document. Valid only when copy
bear im-print by the office seal.

By _____

Date _____

ME CASE NUMBER: 1804927

LABORATORY NUMBER: 183907

DECEDENT'S NAME: JUSTIN DOUGLAS SNELSON

DATE RECEIVED: 10/1/2018

MATERIAL SUBMITTED: BLOOD, VITREOUS, LIVER, BRAIN, GASTRIC

HOLD STATUS: 5 YEARS

SUBMITTED BY: GARRETT ROSSER

MEDICAL EXAMINER: ROSS MILLER MD

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (Femoral)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

ALKALINE DRUG SCREEN - (Heart Blood)

EIA - (Heart Blood) - Amphetamine, Methamphetamine, Fentanyl, Cocaine, Opiates, PCP, Barbiturates, Benzodiazepines
(The EIA panel does not detect Oxycodone, Methadone, Lorazepam or Clonazepam)

RESULTS:

METHAMPHETAMINE
1.9 mcg/mL - (Femoral Blood)

AMPHETAMINE
0.23 mcg/mL - (Femoral Blood)

11/05/2018

DATE



JESSE KEMP, Ph.D., D-ABFT-FT, Deputy Chief Forensic Toxicologist